



STANDARD RIGHT-TO-KNOW REQUEST FORM

DATE REQUESTED: 6/10/2019

REQUEST SUBMITTED BY: ☒ E-MAIL ☐ U.S. MAIL ☐ FAX ☐ IN-PERSON

Lower Bucks County Joint Municipal Authority

REQUEST SUBMITTED TO (Agency name & address): 7811 New Falls Road, Levittown, PA, 19055

NAME OF REQUESTER: Christopher Ullery

STREET ADDRESS: 2300 Lincoln Highway

CITY/STATE/COUNTY/ZIP(Required): Langhorne, PA 19047

TELEPHONE (Optional): 215-280-4502 EMAIL (optional): cullery@couriertimes.com

RECORDS REQUESTED: **Provide as much specific detail as possible so the agency can identify the information. Please use additional sheets if necessary*

A copy of the current contract between the Lower Bucks County Joint Municipal Authority and S2A Technologies, Incorporated, as well as any invoices or payment statements between the Authority and S2A while the current contract has been in place. I would prefer electronic copies of these records emailed to me at the address provided above.

DO YOU WANT COPIES? ☐ YES ☒ NO

DO YOU WANT TO INSPECT THE RECORDS? ☐ YES ☒ NO

DO YOU WANT CERTIFIED COPIES OF RECORDS? ☐ YES ☒ NO

DO YOU WANT TO BE NOTIFIED IN ADVANCE IF THE COST EXCEEDS \$100? ☒ YES ☐ NO

**** PLEASE NOTE: RETAIN A COPY OF THIS REQUEST FOR YOUR FILES ****
**** IT IS A REQUIRED DOCUMENT IF YOU WOULD NEED TO FILE AN APPEAL ****

FOR AGENCY USE ONLY

OPEN-RECORDS OFFICER:

☐ I have provided notice to appropriate third parties and given them an opportunity to object to this request

DATE RECEIVED BY THE AGENCY:

AGENCY FIVE (5) BUSINESS DAY RESPONSE DUE:

***Public bodies may fill anonymous verbal or written requests. If the requestor wishes to pursue the relief and remedies provided for in this Act, the request must be in writing. (Section 702.) Written requests need not include an explanation why information is sought or the intended use of the information unless otherwise required by law. (Section 703.)*